

FY 2015 COMMUNITY DEVELOPMENT BLOCK GRANT**Fiscal Year June 1, 2015 to May 31, 2016****SOCIAL SERVICE FUNDING APPLICATION**

Program Name:	
Organization/Agency:	
Street Address:	
City, State, Zip Code:	
Executive Director:	
Phone No.:	Fax No.:
Contact Name:	Contact Phone No.:
Contact e-mail:	
Federal IRS Tax Exempt #:	DUNS #:
Amount Requested:	
Is this program: <input type="checkbox"/> Existing <input type="checkbox"/> New to CDBG <input type="checkbox"/> Pilot	
Attach current agency exclusion record from System for Award Management. See https://www.sam.gov	

1. Organizational/agency History and Goals: Please describe briefly your organization/agency, its history, primary social service delivery functions, and primary clientele.

2. Please briefly describe the activities you plan to do under this program:

3. Program need: Please describe the community need for this program and how the program fits into the community's long-range planning? Include your organization's capacity to successfully implement this program and why your organization needs financial assistance to implement this program. When applicable, include results achieved as a result of previous CDBG funding.

4. Evaluation methodology/outcome measurement:

a. What is your program goal?

b. Briefly describe your evaluation tool used to reach this goal:

c. Outline the data collected for FY 2013 based on the above evaluation tool:

d. What is your benchmark(s), i.e. number served?

e. What was the result of the data collected?

f. Were any changes made to your program based on the evaluation of the data?

5. Client Data:

Part I. Client History

1. In FY 2013, how many total unduplicated clients did you serve?	
a. How many of these clients were City residents?	
b. How many of these clients were city residents and income eligible?	
2. In FY 2014, estimate how many unduplicated clients you will serve?	
a. How many of these clients were City residents?	
b. How many of these clients were city residents and income eligible?	
3. If you receive CDBG funds in FY 2015, what is the proposed number of activity for this fiscal year?	

Part II. Proposed Level of Activity

Community Development funds can only be used to reimburse for services to low and moderate income city residents. Use the following table for income information for the purpose of this section:

	<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>	<u>5 Person</u>
Low-Moderate Income	\$21,001 – \$33,750	\$24,101 – \$38,550	\$27,101 – \$43,350	\$30,001 - \$48,150	\$33,551 – \$52,050
Low Income	\$12,651 – \$21,000	\$14,451 - \$24,100	\$16,251 - \$27,100	\$18,051 - \$30,000	\$19,501 - \$33,550
Extremely Low Income	\$12,650 or less	\$14,450 or less	\$16,250 or less	\$18,050 or less	\$19,500 or less

1. How many total clients do you plan to serve in fiscal year FY 2015?	
a. Of those clients, how many of those clients will be City residents?	
b. Of those clients, how many will be city residents and income eligible?	
c. Of the City clients, how many will be low- moderate income (see above chart)? And percent.	
d. Of the City clients, how many will be low income (see above chart)? And percent.	
e. Of the City clients, how many will be extremely low income (see above chart)? And percent.	
f. Of the City clients, how many will be female head of household (see instructions for definition)?	
2. How does this compare to last year's actual numbers?	
3. What is your average per client cost?	
4. Please explain how you calculated this amount.	

6. Budgetary Information: Please provide the following financial documentation:

- a) Attach a copy of your agency's last two year's Balance Sheets, Income Statements, and Statement of Cash Flows.
- b) Complete the attached budget information forms.
- c) In the last five years has your agency defaulted on a loan or been in non-compliance of a grant or any type of funding source? If yes, please explain.
- d) If this program is new to CDBG, list current funding sources.

FOR NEW PROGRAMS ONLY

7. Previous Effort: Please describe the past and current efforts of your agency to address the problem for which funding is sought. Identify the steps already taken by the community and/or your agency and those remaining to be taken to successfully address this problem. Include information relating to past successful outcomes if it is available.

Program Name_____

8. Program Budget

Show Program fiscal budget (not entire agency)

Budget Program Expenditures	FY 2013	FY 2014	Proposed Budget FY 2015	Amount of CDBG funds per line item
Salaries				
Employee Benefits/Taxes				
Consultant Services				
Office supplies				
Postage				
Printing and Publications				
Travel				
Conferences & Conventions				
Membership Dues				
Utilities				
Rent				
Equipment Rental/ Maintenance				
Equipment Purchase				Not Eligible
Specific Assistance to Individuals				
Other (explain)				
Total Budget Expenditures				

Other:

Program Name_____

9. List all sources of income to be used to fund this program

Program Income Source	Actual FY 2012	Current Year FY 2013	Proposed Budget FY 2014
CDBG			
United Way			
County			
Fundraising			
Other Federal or State funds			
Other (list)			
Total Budgeted Income			

Other:

10. List other grants and sources of funds that the agency has or will apply. Include the dollar amount and the status of the request. FY 2014 and FY 2015.

Source of Funds	Funding Period	Amount of Request	Status

Program Name _____

11. List any fundraising activities. Please include how the funds were solicited and the amount raised. FY 2013

Source of funding	How funds were solicited	Time Period of Fundraising	Amount Raised
			Total:

12. List any current or future fundraising activities for this program FY 2014 and FY2015

Amount to be Raised	How funds will be solicited	Time Period of Fundraising
Total:		

Program Name_____

13. List all staff who will work on the program, indicating whether the staff member is full time (FT) or part time (PT).

[illegible]